

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	4-19-01
FORMALITY REVIEW	h	905	5/02/01

## INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
÷ ..... Restricted

N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
1		10/31/02	
2		10/31/02	
3		10/31/02	
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Claim		Date					
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions  
staple additional sheet here**

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